

## ***RE-APPLICATION FOR LICENSURE IN RADIOLOGIC TECHNOLOGY***

Date Received: \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Circle Appropriate Certification:      ARRT-R      ARRT-T      ARRT-N      NMTCB

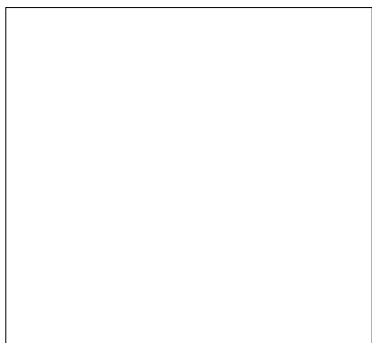
Application:    Approved   /   Disapproved      Date: \_\_\_\_\_      CSEA List Dated: \_\_\_\_\_

License Type & Number:      Radiographer **R**- \_\_\_\_\_      Effective Date \_\_\_\_\_

   Radiation Therapist **T**- \_\_\_\_\_      Effective Date \_\_\_\_\_

License(s) Expire: \_\_\_\_\_      Nuclear Med Tech **N**- \_\_\_\_\_      Effective Date \_\_\_\_\_

**Part IV. Attestation**



Attach a photograph of yourself (head and shoulders only) taken within the last six months. This photograph will be used for identification purposes.

In consideration of the granting to me a license or the renewal thereof, and the attendant right to use the title "Certified Radiographer" or "Certified Radiation Therapist," or "Certified Nuclear Medicine Technologist," according to the appropriate license issued, in connection with my name, I do hereby agree to perform the duties of a radiologic technologist and to abide by all rules of the Radiologic Technology Board as they apply to my profession.

I hereby authorize the Board to release information provided on this application to the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certification Board. I also authorize the Board to identify me and to report the fact of my licensure or non-licensure in radiologic technology to prospective employers, universities, colleges, schools, federal, state, and local agencies, hospitals, health departments, and similar organizations and agencies.

I do hereby attest that I am not presently practicing as a radiologic technologist (i.e., radiographer, radiation therapist, or nuclear medicine technologist) in the State of Hawaii, and affirm that I shall not do so unless and until a valid license (i.e., Certified Radiographer, Certified Radiation Therapist, or Certified Nuclear Medicine Technologist) has been issued to me under the provisions of Title 11, Hawaii Administrative Rules, Chapter 44, Radiologic Technology Rules.

I am aware that violators of this chapter and of Chapter 466J, Hawaii Revised Statutes, including anyone who practices or offers to practice as a radiologic technologist (i.e., radiographer, radiation therapist, or nuclear medicine technologist) without a valid and effective license issued by the Radiologic Technology Board, are subject to the penalties described in Chapter 466J, Hawaii Revised Statutes.

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I also declare that all the information appearing on this application is accurate and true to the best of my knowledge.

Notary Seal

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary: Please note: Photograph of applicant must be attached above when applicant's signature is witnessed.

Fee: **\$120.00** (1 License)      \$125.00 (2 Licenses)      \$130.00 (3 Licenses)      (All fees are non-refundable)

Please make checks payable to: **STATE DEPARTMENT OF HEALTH**

Return this application with the appropriate documents to:

Radiologic Technology Board  
c/o Department of Health  
Indoor and Radiological Health Branch  
591 Ala Moana Boulevard, Rm 133  
Honolulu, Hawaii 96813-4921

**There will be a service fee of \$25.00 for any check dishonored by the bank.**